

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**0 9/50928**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3				2			53						
4		/	/				54						
5		/		/			55						
6		/	/				56						
7	/		/				57						
8		/	/				58						
9		/	/				59						
10		/		4			60						
11	/		/				61						
12		/		/			62						
13	/			/			63						
14	/		/				64						
15	/		/				65						
16		/	/				66						
17		/		2			67						
18	/		/				68						
19		/		/			69						
20		/		/			70						
21	/		/				71						
22	/		/				72						
23		/		5			73						
24		/		7			74						
25		/		14			75						
26				11			76						
27				11			77						
28	/		/				78						
29		/	/				79						
30	/		/				80						
31	/		/				81						
32		4		/			82						
33		/		4			83						
34		4		/			84						
35	/		/				85						
36	/		/				86						
37		/	/				87						
38				/			88						
39				2			89						
40				/			90						
41			/				91						
42				/			92						
43				/			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11		21				TOTAL IND.						
TOTAL DEP.	25		74				TOTAL DEP.						
TOTAL CLAIMS	36		95				TOTAL CLAIMS						